

FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37354

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9284

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4034a Aldine				Length of stay in lb		STREET ADDRESS (If outside, give location) 4034a Aldine	
3. NAME OF DECEASED (Type or print) First Mack Middle Allen Last Debbs				4. DATE OF DEATH Month Oct. Day 2 Year 1957			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 21, 1875	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. School Teacher				10b. KIND OF BUSINESS OR INDUSTRY Public Schools		11. BIRTHPLACE (City and state or country) Oxford, Miss.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.							
13. FATHER'S NAME George Washington Debbs				14. MOTHER'S MAIDEN NAME Eliza Harper			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or dates of service) None				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Rosa E. Langford 4034a Aldine	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Cardiovascular disease DUE TO (b) Branchiolitis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 443 x							INTERVAL BETWEEN ONSET AND DEATH 2 yrs ok
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		CITY, TOWN, OR LOCATION	
21. I attended the deceased from Sept 25 1957 to Oct 2 1957 and last saw her alive on Oct 1 1957 Death occurred at 8-30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Leonard E. Marshall				22b. ADDRESS 4069 E. Easton Ave		22c. DATE SIGNED 10-5-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10/7/1957		23c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR ADDRESS G. Wade Granberry 4202 Finney Ave.				25. DATE RECD. BY LOCAL REG. OCT 7 57		26. REGISTRAR'S SIGNATURE Paul Smith MD msb	

1008

318

Missouri

St. Louis

St. Louis, Mo.

40844 11/11/19

40844 11/11/19

Oct. 2, 1957

Dobbs

Allen

Week

30

April 21, 1958

Next

1958

U. S. A.

Ref. School Teacher - Public Schools Oxford, Miss.

Eliza Harper

George Washington Dobbs

None

None

None

None

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Leroy U. Bonmister

Licensed Embalmer No. 4523

P. O. Address 4251 Washin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

IC/V/1957

40844 11/11/19